

215024191
49468

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 44	Agency Case No. B5-053940	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1			
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/17/2015		TIME OF ACCIDENT	STATE USE ONLY				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1906	06/18/2015				
B 60	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Vine St./N. 33rd - N. 35th St.			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE			
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE				
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION					
NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
			150.00	X	N. 33rd St.				
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN				
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
VEHICLE NO. 1									
F 1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
V1/N 1	DRIVER	PHONE			LOCAL NO.				
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)				
G 4	OWNER	PHONE			LOCAL NO.	V1/1 19			
OWNER ADDRESS		CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	V1/2			
H 4	LICENSE PLATE NO.	YEAR (Plate Expires)			STATE (Of Plate)	V1/3			
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	V1/4	
V2/O 1	VEHICLE ID NO. (VIN)	TOWED TO			TOWED BY	POLICY NO.		V1/5 19	
VEHICLE NO. 2							V1/6 15		
I 7	DRIVER LICENSE NO.	H13598087			STATE (Of License)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P 8	DRIVER	PHONE (312)340-8880			LOCAL NO.	05 14 88		V2/1 18	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	05/14/1988		V2/2	
J 12	OWNER	PHONE (312)340-8880			LOCAL NO.	05 14 88		V2/3	
OWNER ADDRESS		CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		V2/4	
V1/Q 4	LICENSE PLATE PA NO.	TTI106			YEAR (Plate Expires)	2015	STATE (Of Plate)	NE	V2/5 18
V2/Q 4	VEHICLE	2013	Honda	FIT	4 door Sedan	red	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 1000	V2/6 15	
K 01	VEHICLE ID NO. (VIN)	JHMGE8H38DC048586			INSURANCE COMPANY	State Farm Ins. Co.			
TOWED TO		TOWED BY			POLICY NO.	092-3142-A19-27			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.			

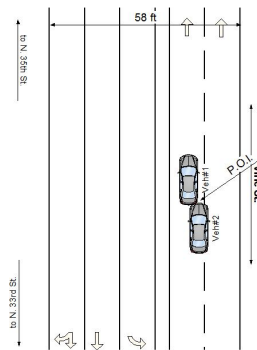
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-053940



Indicate
North
by Arrow



Point of Impact (POI) Veh#1 vs. Veh#2.
Unknown but included in accordance with G.O. 1810.
Report made belated from secondary location. No
debris from veh#2 would be in roadway to determine
POI. POI solely based off of driver description of events.

B5-053940
Not drawn to scale
All measurements are estimated
Skid marks unknown
Drawn by Ofc Domanski #1399

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh#2 reports she was traveling Eastbound on Vine St./N. 33rd-N. 35th St. Driver of veh#2 states she felt a bump, and then saw a red car pull up alongside her on the right side also traveling Eastbound. Driver of veh#2 states she thought she may have been struck so she wrote down the license of the red veh. When Driver of veh#2 got home she found damage on the passenger side of her rear bumper. Office inspected the damage and it appears the veh#2 was truck off center. Officer followed up on the license plate of the red car NE/RYM190. The vehicle was inspected with the owner present and immediately after taking this report and there was no damage to the red vehicle described by driver of veh#2. Officer believes NE/RYM190 was not the vehicle responsible for contact with veh#2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)												
1					City of Lincoln																
2				X	City of Lincoln																
1	02				06 Turning left																
2	10				08 Entering traffic lane																
01 Essentially straight ahead					09 Leaving traffic lane																
02 Backing					10 Parked																
03 Changing lanes					11 Slowing or stopped in traffic																
04 Overtaking/ Passing					12 Other																
05 Turning right					13 Unknown																
OFFICER NO. 1399					TROOP/ TEAM/ BEAT 2					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO						
INVESTIGATOR NAME (Print or Type) Tom Domanski					INVESTIGATOR SIGNATURE Approved by Officer Tom Domanski					DATE OF REPORT 06/18/2015											